COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: *(check one applicable item below)*

☒ original   ☐ design   ☐ supplemental

☐ divisional   ☐ continuation   ☐ continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Title Of Invention: Alkylated Hydroxyaromatic Compound from Conventional and High Vinylidene Polyisobutylenes and Compositions and Processes Thereof

SPECIFICATION IDENTIFICATION

the specification of which: *(complete (a), or (b))*

(a) ☐ is attached hereto and/or is identified herein by name of inventor(s), attorney docket number and title.
(b) ☒ was filed on ___5/2/06___ as ☒ *as Serial No.* _10/595,638_ or Express Mail No. _____ and was amended on _____ *(if applicable)*.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. *(List name and registration number.)*

Teresan W. Gilbert, 31,360   Jason S. Fokens, 56,188
Michael F. Esposito, 29,506   David M. Shold, 31,664
Samuel B. Laferty, 31,537

3241-01

SEND CORRESPONDENCE TO

THE LUBRIZOL CORPORATION
Patent Administrator - Mail Drop 022B
29400 Lakeland Boulevard
Wickliffe, Ohio 44092-2298

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)
Jason S. Fokens
(440) 347-5913

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor _____ Mitchell M. Jackson _____

Mitchell	M.	Jackson
(GIVEN NAME)	*(MIDDLE INITIAL OR NAME)*	*FAMILY (OR LAST NAME)*

Inventor's signature _____

Date __5/5/06__ Country of Citizenship ___United States___

Residence ___Chagrin Falls, Ohio___

Post Office Address ___29400 Lakeland Blvd., Wickliffe, Ohio 44092___

Full name of second joint inventor, if any _____ Jeffry G. Dietz _____

Jeffry	G.	Dietz
(GIVEN NAME)	*(MIDDLE INITIAL OR NAME)*	*FAMILY (OR LAST NAME)*

Inventor's signature _____

Date __5/4/06__ Country of Citizenship ___United States___

Residence ___Shaker Hts., Ohio___

Post Office Address ___29400 Lakeland Blvd., Wickliffe, Ohio 44092___

☐ This declaration ends with this page

3241-01

Full name of third joint inventor, if any _____ Mark Davies _____

_____Mark_____   _____-_____   _____Davies_____
    (GIVEN NAME)   (MIDDLE INITIAL OR NAME)   FAMILY (OR LAST NAME)

Inventor's signature _____

Date _____ Country of Citizenship ___ Great Britain _____

Residence____ Belper, Derby, Great Britain _____

Post Office Address ___ P.O. Box 88, Great Britain DE56 1QN _____

CHECK PROPER BOXES FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION

☐ Signature for fourth and subsequent joint inventors. *Number of pages added*

☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.

☐ *Number of pages added _____.*

* * *

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item

☒ This declaration ends with this page